

Washington State
Functional Family Therapy Project

Readiness Assessment
DRAFT

Upon completion please e-mail this information
to: lisa.mcallister@dshs.wa.gov

Washington State Functional Family Therapy Project

The Washington State Functional Family Therapy (FFT) Project is dedicated to implementing FFT with high model fidelity. Evidence suggests that EBP's depend on high model fidelity for successful outcomes (WSIPP 2004). The Washington State FFT project incorporates ongoing monitoring and tracking of reliable measures of the FFT model implementation with an improvement process that includes ongoing, specific, and timely feedback. All FFT sites in Washington State are expected to adhere to the elements of the Washington State FFT Quality Assurance and Improvement Plan in order to be considered a certified FFT site.

The FFT project in Washington State is set up a little differently than other FFT sites. Rather than requiring therapist teams of 3-8 working together for the same agency, Washington State incorporates multiple therapists from similar geographic areas that are not necessarily working for the same jurisdiction or agency. These groups are formed into teams of 5-7 and overseen by a Washington State FFT Consultant. Some therapists work in isolation and their only FFT contact is through their workgroup and consultation. This structure allows us to cover urban as well as rural parts of the State.

FFT LLC provides the training for the Washington State project. Washington State has a team of FFT Consultants who have been certified by FFT LLC to provide Consultation and support for FFT therapists. FFT Consultants work with our FFT National Consultant and the FFT Quality Assurance Specialist to ensure therapists adhere to the elements of model fidelity through ongoing training and support.

Functional Family Therapy New Site Implementation Process

The primary goal of the FFT implementation process is the successful replication of FFT program as well as its long-term viability at individual community sites. The goal is accomplished through a comprehensive training program aimed at developing competent FFT clinicians and supportive service delivery contexts. This readiness assessment begins this process.

The Readiness Assessment provides a tool for potential sites to think about elements required to implement FFT. Then, in collaboration with the site, we can assess site feasibility, make recommendations, and begin a dialogue about implementation. Following this assessment, written feedback will be provided and a meeting will be set with representatives of the site, to answer questions, identify challenges, and outline next steps. Once everyone is in agreement that the site is ready to proceed, FFT training will be scheduled.

Name and Address of Your Site:

Please identify a principle contact person for your proposed FFT site including:

Name:

Agency/Title:

Address:

Phone:

Fax:

Email:

On the following pages, please answer the following questions about your site. If you have questions, or need assistance, contact Lisa McAllister at lisa.mcallister@dshs.wa.gov by phone at (360)902-0774 or (253)476-7104.

Site Implementation questions:

1. How did your agency become interested in implementing FFT?
2. Do you currently provide other EBP's? If so, which one(s)?
3. FFT is an intervention that is conducted with families. Clients aren't seen on an individual basis by FFT therapists. Would this be a problem for your agency to implement? If so, why?
4. Who would be providing FFT for your site? Please identify the individual, agency or agencies that will be implementing FFT.
 - a. Please provide addresses, phone numbers, and each agency's contact persons.
 - b. Please identify organizations and agencies whose support will be necessary for your site to successfully implement FFT (i.e. schools, social service agencies, juvenile courts, etc).
5. How will your FFT program be funded? Do you have a current contract or are you in the process of establishing a contract to provide FFT? If so, with which agency (Juvenile Court, JRA or Children's Administration, etc)?
6. Will you be able to ensure that each FFT therapist will have a computer and internet access so they can record progress notes and complete the other assessment, adherence and outcome instruments that are utilized in the FFT Client Services System (CSS)?
7. What is your agencies plan for how it will reach out to recruit youth and families in the system? FFT is a phase based program that lasts an average of 12 sessions in 4-6 months. Is your organization committed to this program being offered to participants in its entirety?

8. Minimum caseload standards for an FFT therapist are 5-6, taking roughly 20 hours per week. (Each case takes about 4 hours when considering travel to and from session, case planning, the actual session, and case staffing). The maximum number of cases per week for a full time FFT therapist is 10-12 cases at any given time. Please identify the anticipated hours per week each FFT therapist will devote solely to FFT and the number of FFT cases they will have at any given time.

Therapist and Working Group (Team) Information

1. What is the background of the staff who will implement FFT?
2. How were your therapists selected to do FFT? Do they have a Master's Degree in Counseling or a closely aligned field? Do they, at a minimum, have a Bachelor's Degree?
3. What is their experience with specific interventions, evidence based or not?
4. What is their experience working with children and families?
5. FFT therapist schedules should be flexible enough to meet families when families are able to meet. Will your FFT therapists be available to work after hours and/or on weekends?
6. FFT is most effective when implemented by therapists who are comfortable delivering interventions to families in the home setting, open to delivering highly structured intervention, creative and flexible in delivering services to families and open and responsive to supervision and feedback. Does your FFT therapist possess these characteristics?
7. Do clinicians in your agency use standardized assessment procedures (ie. to screen for trauma, identify targeted clinical conditions, and/or measure client progress)? To what degree?

FFT Training Requirements:

1. Each FFT therapist is required to attend 3 days of initial FFT training (training is offered in Denver Colorado or New London Connecticut) Are you or your contractor able to pay the costs associated with training, lodging, and per diem? (Approx. \$2600.00 per therapist)
2. Each therapist will be required to attend 6 days of follow-up training in Washington State (3 - two day trainings) over the first year. Will you or your contractor be able to pay the costs associated with lodging and per diem?
3. After the first year if the therapist has met all the training requirements and has reached the required score for adherence and fidelity, he/she will be certified in FFT. Note: Failure to attend all required training will result in delay in becoming certified. Failure to obtain the required score for adherence and fidelity will result in the therapist being placed on an informal improvement plan.

FFT Adherence Requirements: Y/N

1. Therapists are required to attend weekly one hour group consultation calls. Will providers be given time for this consultation?
2. Therapists must adhere to FFT protocols regularly monitored by their Consultant through case staffing and monitoring of CSS information. Is your agency committed to this level of monitoring and feedback?
3. Therapists must maintain a Global Therapists Ratings that meet the statewide standard set by FFT LLC. This is monitored every 90-120 days and feedback is shared with the therapist and the site. Is your agency committed to supporting therapist adherence and fidelity?
4. FFT has a web-based assessment and case management system that tracks outcomes, client change, model adherence, and service delivery trends. Implementation of FFT requires that FFT therapists use this protocol. Please confirm that your site and its provider agency can meet this program commitment.
5. If less than full time, then please identify what other job activities besides FFT the therapist will be doing.
6. Therapists must begin seeing FFT cases as soon as possible after the initial clinical training. Can your site ensure each therapist will be given an adequate supply of referrals and the time to see the minimum number of FFT cases as soon as the clinical training is completed?
7. In early FFT phases, the therapist may see families more than once per week, and sometimes therapy appointments can last longer than one hour. Do you anticipate any systemic/funding/organizational barriers to this?
8. FFT therapists often work within agencies that provide their own clinical consultation. With FFT, a FFT National Consultant provides clinical guidance for the site's FFT working group via group phone consultation. Can your agency commit to ensuring that FFT therapists will receive primary clinical guidance in the FFT model from FFT National Consultants?